PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ippropriate. All further on ndicated unless correcte maintenance fee notificat	d below or directed oth	g the Patent, advance of erwise in Block 1, by (a	acrs and notification of a specifying a new corres	pondence address; and/o	r (b) indicating a sept	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
7590 01/22/2008				have its own certificate of mailing of transmission.			
Sally J. Brown AUTOLIV ASP, 3350 Airport Ro	ad		Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Ogden, UT 8440	15		Ho	Mie Petersen	p	(Depositor's name)	
			\Box	to luc Ke	taran_	(Signalure)	
			Áp	ril 2, 2008		(Daid)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/791,399	10/791,399 03/02/2004 Mar		Marcus T. Clark		14317	2571	
APPLN, TYPE	SMALL ENTITY	G INFLATOR HOUSING	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/22/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS]			
MCCREARY, LEONARD		3616	280-736000				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON.							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Autoliv ASP, Inc. Ogden, Ut							
Please check the appropriate assignee eategory or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🚨 Government							
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Solution Solution							
5. Change in Entity Status (from status indicated above) 3. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. 3. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature Date April 2, 2008							
Typed or printed name Sally J Brown			Registration No. 37,788				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 infinites to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							